

North Dakota Office of State Tax Commissioner

Special Event - Vendor Listing



Name of Event:	Event Start Date:	Event End Date:
Location of Event:	Name of Organizer:	
Organizer Address:	Organizer Phone:	

Please type or print legibly the information for all vendors.

ND Tax Permit No.	Legal Name	DBA Name	Mailing Address	City	State	Zip	Phone Number